DOCUMENT RESUME

ED 289 327 EC 201 288

AUTHOR Hutinger, Patricia L.; Marshall, Sue
TITLE Sharing Centers, Training Module.
INSTITUTION Western Illinois Univ., Macomb.
SPONS AGENCY Governor's Planning Council on Developmental Disabilities, Springfield, Ill.
PUB DATE Jul 85
NOTE 48p.; A product of the Macomb 0-3 Rural Project. Sponsored in conjunction with the study of the State of the Art of Birth to 3 Programs in Illinois. For related document, see EC 201 287.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Child Development; *Disabilities; Inservice Education; *Intervention; *Parent Participation; Postsecondary Education; Program Evaluation; *Program Implementation; *Social Support Groups
IDENTIFIERS *Early Intervention; *Sharing Centers

ABSTRACT

This module provides the basis for inservice training on the establishment of Sharing Centers, which are small groups of parents and their pre-school (birth-3) children, both handicapped and non-handicapped who come together on a regular basis for shared social and developmental experiences. The Sharing Center, as created by the Macomb 0-3 Rural Project in Illinois, involves the family in the child's program, provides an additional environment in which to work toward the child's educational goals, and encourages interaction among the participants. The theoretical foundations for Sharing Centers are described, along with steps involved in setting up the program. Suggested inservice activities, needs assessment procedures, planning worksheets, and evaluation forms are included. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED289327

Sharing Centers

Training Module

by
Patricia L. Hutinger
and
Sue Marshall

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Patricia Hutinger

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Sponsored by the
Illinois Governor's Planning Council on Developmental Disabilities
in conjunction with the study of
The State of the Art of Birth to 3 Programs in Illinois
July, 1985

EC201288

BEST COPY AVAILABLE

Developed under the auspices of the Macomb 0-3 Rural Project, Patricia L. Hutinger, Ed.D., Project Director; Susan Mietus, Series Editor. Reprinted by permission of Macomb 0-3 Rural Project.

This work was printed through a grant from the Illinois Governor's Planning Council on Developmental Disabilities. The points of view and opinions herein expressed do not necessarily represent the policy of the Council.

Materials used in this module are copyrighted by Macomb 0-3 Rural Project, which has granted permission for their reproduction for training purposes.

85/7-001

Table of Contents

Introduction 1

Sharing Centers for Handicapped Infants and Toddlers: Settings for Parent and Child Interaction and Growth 3

Training Guide Worksheets 13

How to Use This Module 15

Suggested Inservice Activities 17

Ideas for Future Inservice Activities 18

Examples of Sharing Center Activities 19

Form 1 - Sharing Center Needs Assessment. 21

Form 2 - Sharing Center Planning Sheet. 23

Form 3 - Sharing Center Planning/Evaluation Guide . 29

Form 4 - Sharing Center Planning Worksheet 31

Form 5 - Agenda for First Sharing Center 33

Form 6 - Evaluation of Sharing Center 35

Form 7 - Parent Evaluation of Sharing Centers . . . 37

Materials for Overhead Projection 41

Introduction

Sharing Centers are small groups of parents and their children, both handicapped and non-handicapped, who come together on a regular basis for shared social and developmental experiences. Sharing Centers can help reduce the isolation that parents of handicapped children often feel by bringing them together with other parents and children in a comfortable social situation where they can share information, joys, fears, and concerns. For the handicapped child, Sharing Centers provide an opportunity for observation of, social learning from, and interaction with other young children, both typical and handicapped. For the 0-3 program, Sharing Centers will aid in involving the family in the child's program, provide an additional environment in which to work toward the child's IEP goals and objectives, and encourage interaction among the participants.

This module is intended to provide the basis for inservice training on this effective program component. It might be used in a staff inservice session where a single agency wishes to establish the component, or it might be used at a multi-agency workshop for several agencies wishing to establish Sharing Centers.

Sharing Centers for Handicapped Infants and Toddlers: Settings for Parent and Child Interaction and Growth

by

Patricia L. Hutinger, Ed.D.
Project Director

and

Sue Marshall
Training Coordinator

Macomb 0-3 Rural Project
Western Illinois University
Macomb, Illinois 61455

July, 1985

SHARING CENTERS FOR HANDICAPPED INFANTS AND TODDLERS: SETTINGS FOR PARENT AND CHILD INTERACTION AND GROWTH

Since the home is the very young child's natural habitat, many programs serving handicapped infants, toddlers, and their families have developed home-based delivery strategies. Programs which provide education and remediation services to handicapped children under the age of 3 often emphasize parent involvement, particularly the importance of helping the parents become the primary change agents for their children. Individual families working in their homes with their own handicapped children demonstrate one aspect of parent involvement, but there is a great deal more to be gained when these parents come together in groups and share experiences, information, and concern. Since these are the same parents who can later become advocates for their handicapped children, they benefit from early contact with other parents. Some programs for the birth to 3 handicapped child plan parent meetings, only to find that parents are reluctant to attend unless they have been closely involved in determining the content and nature of the meetings. Other programs report that they have a difficult time involving parents in ways that are more meaningful than transportation of children to program sites.

An alternative and effective strategy for obtaining parent participation in group activities which has been an essential component of the federally funded Macomb 0-3 Rural Project's home-based delivery system since 1975 is the Sharing Center. Sharing Center groups in rural communities and small towns enable parents to come together for a common purpose with their children on a regular basis and participate in activities which are beneficial to both the children and the parents. Parents report that they gain new skills in Sharing Centers. Children who exhibit a variety of handicaps ranging from mild to severe make measurable progress in important developmental skills. From initial contact during Sharing Centers, parents sometimes go on to serve in other roles; for example some serve on program advisory councils, others present public information about the program, and others help secure the cooperation of medical personnel in program activities.

The concept of the Sharing Center was developed by applying the organization and activities used in parent-cooperative nursery schools for non-handicapped children, an early childhood setting that has been used in this country for the past fifty years. Sharing Centers are not a substitute for home visits, which are still carried out on a weekly basis. Program parents and children participate along with non-handicapped children and their parents. The parent and the child come to the Sharing Center together; one does not come without the other. Siblings are welcome; because Sharing Centers are most often held during the day, the siblings are usually of preschool age. The activities in a Sharing Center are varied and are geared toward the individual educational programs for each child. Activities and materials are used in different ways by children of different ages and developmental levels.

Theoretical Foundations

Rationale. The Sharing Center is an effective intervention strategy for three major reasons: It provides a least restrictive alternative for the handicapped child under three years of age; it reduces the isolation felt by parents of handicapped infants and toddlers; and it functions as a transition between home- and center-based programs.

The argument that the home is a least restrictive environment for infants and toddlers cannot be denied. Children under the age of 3 spend more time in their home than anywhere else, and the home is a comfortable and familiar setting. Home certainly is the best environment for handicapped children under 3 if the alternatives are institutionalization or individual therapy sessions in clinical settings. However, few homes can provide opportunities for the handicapped child under 3 to interact with other children, unless there are other preschool children in the family.

Sharing Centers are not intended to replace home visits by a Child Development Specialist; what the Sharing Center offers is a social milieu, a chance for the child to observe and interact with other children, both handicapped and non-handicapped. Sighted youngsters under the age of 2 spend many hours observing the events that occur in their surroundings (White, Kaban, and Attanuci, 1979). In addition, children gain social knowledge from other people, particularly from interaction with peers (Kamii and Devries, 1977). Handicapped children also learn from watching other children, both handicapped and non-handicapped. Sharing Centers provide planned opportunities for both observational learning and social interaction.

Particularly in rural areas, parents of small children, both handicapped and non-handicapped, feel isolated. Distance makes it difficult for parents to come together in groups. A Sharing Center group, consisting of six or seven families who live in the same area, can provide the opportunity for social interaction for parents as well as learning and social opportunities for children. Once established, the group maintains constant membership unless a family leaves the area or the child moves into another program at age 3 so that children and parents establish amicable ties. The activities involved in a Sharing Center provide built-in motivation and reinforcement for families to attend. Parents participate in activities with their own child and with other children, gain new skills and new information during the study topic time which is incorporated into the Sharing Center, and plan and take responsibility for some activities and for securing the materials necessary for implementing the activities during a session. Ultimately, parents reach the point of being able to operate their own Sharing Centers without the help of program staff. From the parents' point of view, one of the best aspects of a Sharing Center is that it gives the opportunity to provide and receive support from other parents when children have problems or attain important milestones. Although the Sharing Center concept was developed for a rural model project, Sharing Centers have proven to be very successful in urban settings too.

The small groups which comprise Sharing Centers provide the children with an initial social experience in a controlled environment with other children and with adults. The small group setting is a middle ground between a home visit, when all the attention of the CDS is focused on the single child and his parent, and a center-based program, where the child is in a group of children sharing adult attention, even though individual experiences are

planned for him*. In the Sharing Center the child is also secure with his parent present. Parents are encouraged to work with children other than their own, thus providing the child with some psychological distance from his mother or father in a comfortable, non-threatening setting.

Goals and Objectives. The major goals of the Sharing Centers are two-fold: to plan and implement appropriate activities to meet the needs of the participating children, and to provide appropriate activities to meet the needs of the participating parents.

General objectives for children include the development of gross and fine motor skills, receptive and expressive language, cognition, self-help skills, and socio-emotional skills. Specific goals are incorporated, such as developing physical and social knowledge, sensory awareness, and eye-hand coordination; interacting with adults and peers; developing autonomy; going to adults for help; observing the behavior of other children; making needs known; and adapting to a new environment.

For the parents, objectives include developing the skills to childproof both their home and the center, learning to set up both their home and the center effectively for child exploration and learning, providing a variety of experiences for the child; using household objects for experiences with the child, stimulating the child's language development, communicating with other adults and children, sharing problems and experiences with other adults, using child management techniques, accepting the child at his developmental level, accepting the child's handicap or delay, and planning and conducting Sharing Centers.

Philosophy. The assumptions that provide the basis for Sharing Centers are the same that underlie the entire Macomb 0-3 Rural Project. First, the involvement, cooperation, and enthusiasm of the parents or primary caretakers in program activities are essential. Second, coordination, cooperation, and communication among the persons who work with the child and family are indispensable if activities are to be integrated across a variety of content areas. Third, an assumption that is particularly important in rural areas, services must be provided to children who exhibit differing needs and handicapping conditions. Fourth, effective activities combine principles of child development, consistent application of Piagetian principles, and specific strategies for dealing with various handicapping conditions. Specific to the Sharing Center are several principles based on those assumptions:

1. Some handicapped or developmentally delayed children pass through stages of development just as non-handicapped children do, but at a slower rate; however, others, depending on their handicap, do not pass through the typical developmental stages in sequence. There are some things these children may not ever be able to do.

---

* For ease of reference only, throughout this paper we will refer to the child as "he."

2. There is a wide range of individual differences among handicapped children.

3. If the child is to acquire new skills, the activities planned should capitalize on the child's current skills. Strategies which employ modeling of desired behaviors and imitative play activities are often successful.

4. Both familiar and novel materials should be used to initiate and maintain desired changes in behavior.

5. Because the child during the first two years of life is in the sensori-motor period, activities should emphasize the development of motor skills.

6. Activities must be individually adapted to accommodate specific handicaps.

Sharing Center Elements

Establishing a Sharing Center. Major considerations in establishing a Sharing Center are cost, space, time, and participants. With a little ingenuity and some effort, these considerations need not become problems.

It is nearly always possible to find space that does not have to be rented. Community organizations, such as the Red Cross, Salvation Army, YMCA, 4-H, churches, or public schools; community centers; or rooms in service clubs such as the Elks, Moose, or Lions are possibilities. A private home, outdoor yard, or local park are also possible occasional sites. Another option that might be considered is using a mobile unit or recreational vehicle. A Sharing Center group usually meets in the same place at a regularly scheduled time.

When selecting space such factors as consistent availability, adequate space so that several activities with small groups can occur at the same time, and the availability of restrooms and water must be considered. Most important is that the area can be child-proofed in a reasonable amount of time (i.e., the CDS can arrange the room in 30 to 45 minutes). A comfortable room temperature and absence of drafts, particularly on the floor, are important.

A mid-morning time, planned for a period of one to two hours duration, works well for most families. Morning does not interfere with afternoon naps. A 10:00 a.m. starting time gives the CDS time to set up and also allows transportation time for families. Parents should be involved in deciding the starting time and the frequency of the Sharing Center.

Sharing Centers most often meet every two weeks, but programs that have children with severe handicaps sometimes hold Sharing Centers more frequently, perhaps once a week, depending on parents' needs. It is important to remember that parents have commitments, responsibilities and personal needs which limit the amount of time they can spend on program activities and with their handicapped child.

Participants. Sharing Center groups most often consist of three to five program children and their parents along with two or three families with non-handicapped children. The children range in age from infancy to 3, although when preschool siblings attend, a Sharing Center may have a group of children from birth to 6 involved in various activities. Multi-age grouping provides a wide range of activity for program children to observe and explore.

Families who belong to a specific Sharing Center group usually reside in approximately the same geographical area. Sometimes transportation (either by program staff or a member of the Sharing Center group) must be provided so that certain families can attend. Usually two staff members (CDSs) work together to run a Sharing Center, although one person can do the job effectively. If two people are available, one can arrange the environment before the group arrives while the other provides transportation. Volunteers and college student help are encouraged.

Preparations. Staff members plan the Sharing Center several days before the Center is held. Physical space is carefully arranged according to the Montessorian principle of the prepared environment. Materials and activities are arranged attractively. Adequate open floorspace is provided. Chairs are moved from the rooms in order to encourage active participation and to maintain eye-contact at the child's eye level. The area is child-proofed by removing breakable or dangerous objects.

Materials and toys are transported to the Sharing Center site each time from the program office if these same toys and materials are also constantly in use by the staff for weekly home visits. The Macomb 0-3 Rural Project developed well-planned, portable kits which contain all the materials necessary for six pre-packaged, pre-planned Sharing Centers. These kits are stored in the Project office. Many Centers are planned without the kits, although the materials in each kit are quite versatile.

Activities. Sharing Center activities are classified by major categories corresponding to the goals and objectives cited earlier. There is, of course, a great deal of overlap in the classifications. The decision to designate an activity as belonging to a particular category is sometimes arbitrary. Whether activities are labeled "gross motor," "fine motor," or "sensory," each contains elements of the others. Almost all activities contain cognitive elements. Language experiences are integrated throughout all activities. Self-help skills are encouraged during snack time, arrival, and departure, as well as during activities. Successful activities encompass a variety of developmental areas. Physical therapy or occupational therapy may also be part of the activities, depending upon the nature of the handicapping conditions displayed by the children. In Sharing Centers parents and children interact and share ideas, activities and experiences for mutual growth. Detailed Sharing Center procedures and activities are outlined in Have Wagon: Will Travel (Hutinger, Donsbach, Hommel, Longanecker, and Sharp, 1977).

A Sharing Center begins with a period of individual activities so that parents and children who arrive late can join in easily. Activities are planned to offer challenges within the children's range of abilities, with any adaptations that are necessary for specific handicapping conditions, and are designed so that every child will succeed in at least one activity. Adults

join in some activities, but others are designed so that children can participate without adult assistance or participation.

A second set of similar activities is arranged after everyone arrives. Some of these may be messy activities, such as play with colored water, that parents are not likely to encourage at home. Some activities make use of objects easily found in a home so that parents learn about inexpensive but effective materials. Snack time follows after the activities are completed.

During the Sharing Center, time is set aside when parents can talk about their special needs, discuss problems, or obtain information. If helpers are available to work with the children, snack time is often a good time for such discussions. When there are volunteers, college students in training, or other staff members at the Sharing Center, parents can go to another area with a CDS to discuss a topic of interest. Parents often request or suggest topics; some might be child management techniques, language development, nutrition, Parent Effectiveness Training (PET), aspects of expected development, or information provided by special consultants. Toy workshops prove popular and useful. Sometimes parents within the group may hold study groups independent of the Sharing Center.

Careful planning for each Sharing Center includes a review of each child's bi-yearly goals from the Individual Education Program and an examination of home visit activity plans so that Sharing Center plans and evaluation can be coordinated with the activities that occur in home visits. Physicians' and therapists' recommendations may also prove useful.

Problems and Solutions. As with any other activity, problems sometimes arise. Winter weather, with its accompanying colds and respiratory infections, snowstorms, and icy roads, may result in low attendance or in cancelled Sharing Centers; this is to be expected.

Some families may frequently miss Sharing Centers. If this occurs, the CDS who makes home visits should talk with the parents about the Centers and their reasons for not attending. Often the solution may be as simple as providing transportation or allowing the parent more input into Sharing Center activities. These are simple enough to arrange with the support and ideas of the CDS. If, however, the parents feel that their child is not as handicapped as the other children in the group and want to drop out, the solution may take more time. Moving the child to another Sharing Center or working with the parents to help establish rapport with other parents in the group may be the answer. Assisting the parents in developing an understanding of other children's problems and the possible effect of the children being together may help. It is easy to point out the presence of non-handicapped children. The uneasy feeling is more likely to occur with a new member of a Sharing Center. Other parents can help a new member be more comfortable and help ease this problem.

Transporting materials from the program office to the Sharing Center is time consuming and tiring. Several solutions to this problem are possible: materials can be packed in large canvas bags, or Sharing Center kits in large boxes with materials already collected and ready can be used. Transporting the materials can be accomplished with the use of a wagon, a practice which serves as the title of the detailed Macomb 0-3 Rural Program publication about

Sharing Centers, Have Wagon: Will Travel. Since most materials are also used in home visits, storing them at the Center site is seldom practical.

Evaluation. Evaluation carried out for Sharing Center activities is usually informal. Unless there are extra persons at the Sharing Centers to keep careful records of individual behavior, the CDSs usually evaluate after each Center is completed using a form which provides a record of the events and makes a distinction between children in the program, siblings, and others; there is also space for recording group activities for parents and anecdotal information. A record is kept of all the activities in which each child participated. Parents sometimes assume responsibility for recording information on the form during the Sharing Center.

Periodically a backpack videotape recorder may be used to videotape the Center's activities and participants. The videotapes may then be viewed with several purposes in mind: improving CDS behavior, analyzing parent and child behavior, and comparing the activities with those at earlier Centers. Parents and children also enjoy viewing the playback of the videotapes.

Another means of evaluation is parent comment about Sharing Center activity. Parents' attitudes about the program should be systematically obtained every six months, using a questionnaire administered by an impartial interview. Parent comments before, during, and after a Center also provide an informal means of evaluation. Such comments can lead to the modification, addition, or deletion of an activity, or to the repetition of favorite activities. When an activity works very well, or when it is unsuccessful, the CDSs analyze the elements of the activity so they can become more effective in designing and developing further activities.

Other evaluation data can be collected by recording the number of parents who attend each Sharing Center, along with the number of siblings and program children. Also important is the number of parents who, for one reason or another, fail to attend a scheduled center.

Changes in the child's behavior at Sharing Centers are often noted by both parents and the CDSs. As the CDS plans individual activities for home visits for a particular child, he may use the information gained during Sharing Centers. Anecdotal records of child behavior, including Sharing Center behavior, are kept in the child's file.

Summary

The Sharing Center component of the Macomb 0-3 Rural Project has been adopted by a number of agencies serving handicapped preschool children. Sharing Centers can be held in strategic sites accessible to rural parents who are often at great distances from services located in large population centers. Sharing Centers not only provide a transition setting between home-based and center-based programs, they also are a form of least restrictive environment for handicapped children from birth to 3. The cohesiveness of a Sharing Center group, once established and operating smoothly, also serves to reduce the real or perceived isolation felt by parents of very young handicapped children. The Sharing Center is a feasible, successful strategy for establishing effective parent participation and child progress.

References

Hutinger, P. L., Donsbach, P., Hommel, C., Longanecker, J., & Sharp, J. (1977). Have wagon: Will travel. Macomb, IL: Western Illinois University Press.

Kamii, C., & Devries, R. (1977). Piaget for early education. In M. C. Day and R. Parker, (Eds.). The preschool in action. Boston, MA: Allyn and Bacon.

White, B. L., Kaban, B. T., & Attanuci, J. S. (1979). The origins of human competence. Lexington, KY: D. C. Heath.

This work was supported in part by a grant from the United States Department of Education, Bureau of Education for the Handicapped, Grant # G007801853 and by Western Illinois University. The points of view and opinions expressed herein may not necessarily reflect those of the grantors.

Sharing Centers

Training Guide Worksheets

How to Use This Module

In order to make the best use of these materials, choose a training leader and follow the usual procedures for setting up an inservice session: identify and invite the people who will participate in the training, schedule at least a day for the session, and find a pleasant place where there are minimal distractions and ample space to move tables and chairs into small groups. Duplicate and distribute the text, Sharing Centers for Handicapped Infants and Toddlers, so that participants can read it before the session. The Baby Buggy Book, Have Wagon: Will Travel, available from the Macomb 0-3 Rural Projects at a nominal price, provides good supplemental information about planning and conducting specific Sharing Center activities. Duplicate enough copies of the Training Materials for use by the participants at the session. Suggest to the participants that they bring a local telephone book to use in selecting sites, providing for community awareness activities, and contacting speakers for parent groups. They may also want to bring resource materials on small group play activities for infants and toddlers and on parent group meetings.

The training leader will find that overhead transparencies, a blackboard, or a large tablet and easel will help in stimulating and recording discussion. Several pages of materials suitable for making overhead transparencies are provided.

A good way to begin the training session is to review the contents of the text, Sharing Centers for Handicapped Infants and Toddlers, and identify the philosophy and goals of Sharing Centers. Some of the activities suggested for discussion at the session will help to clarify these goals. If you were really planning a Sharing Center, your next step would be to adapt the Needs Assessment (Form 1) to fit your program. Planning for your Sharing Center could be completed when you had received responses from the parents to whom you had sent the form. You could discuss the content with families directly during a home visit.

Since you don't want to wait until you hear from the parents in your program to practice planning a Sharing Center, go to Form 2 which outlines the steps for planning a Sharing Center and work through it. The first page records details about the planning sessions--dates, locations, personnel present--and provides space for sources of additional help. A list of tasks that must be completed before the first Sharing Center or responsibilities to be assigned for the Center has space available to write in the name of the person who is responsible and the date that the task must be accomplished.

Form 2-3 provides space for listing potential Sharing Center sites, the addresses and phone numbers of the sites, the contact persons, the date the contact was made, and what the results were. The rest of that form is to be filled in when the actual site is chosen and the dates and times of the first

several Sharing Centers are set. If there are special considerations for using the site, such as special arrangements for locking or unlocking the building, they can be recorded on Form 2-3.

Form 2-4, completed from the responses received from parents, lists parents who are willing to do certain activities or provide certain things for the Center. Form 2-5 is useful for planning community awareness activities and techniques you will use for evaluating Sharing Centers.

Form 3 provides a worksheet for planning specific activities for a Sharing Center based on the participating children's needs. If the trainees are all from the same program, they can choose five or six families who are enrolled in the program with whom they are familiar to use for practice in planning activities. If they are from different programs, they might provide information about a client family, or create a hypothetical family. A few non-handicapped children who could attend should be added as well. Form 3 provides space to record the family name, child's name, age, handicap, siblings' names and ages, and comments. An examination of the completed form will give you the information needed to plan activities.

On Form 4-1, you will record the child's name, the specific objective to be accomplished with that child, and the means (facilitator) by which you hope to achieve the objective. Perhaps a child will attend who needs to work on head control. This might be facilitated by a physical therapist using a therapy ball. An older child may need work in fine motor control, another in language stimulation. Facilitators for them might be manipulative play using beads or blocks, and water play to encourage verbalizing. Form 4-1 can also be used as an evaluation form, because there is space on it to make comments after the Sharing Center is over. Form 4-2 provides similar information for families; in addition, it provides space to record the parents' readiness levels, which will be useful in determining objectives and facilitators for them. (Information about parent readiness levels can be found in Parent Readiness Levels: A Developmental Approach to Parent Intervention, available from the the Governor's Planning Council on Developmental Disabilities.)

Having worked through these forms, you are ready to think about activities for your first Sharing Center. Form 5 has columns for activities, the time you plan to spend on them, and the materials you will need. As you begin considering activities, you will refer to Form 4. We've mentioned use of a therapy ball, work with manipulative toys, and water play for language stimulation. On pages 19-20 you will find some suggested activities for sensory stimulation. Have Wagon: Will Travel contains many more suggestions.

Form 6 and Form 7 are evaluation forms. Form 6 is generally completed by the CDS after each Sharing Center, and is useful both for evaluating that Sharing Center and for planning the next one. At the end of a Sharing Center, parents may be asked to evaluate it, either somewhat formally, although simply, on paper (for example, by rating activities from 1 [good] to 5 [bad]), or merely by sharing comments such as "I liked...," or "Next time let's..." These responses can be noted on Form 6, #6. Form 7 is a questionnaire given to parents after they have been involved in Sharing Centers at perhaps annual intervals, and is designed for them give more comprehensive feedback regularly of Sharing Centers.

Suggested Inservice Activities

Think of the families in your program and the objectives for Sharing Centers for parents and children. In what ways can Sharing Centers benefit your families? In what ways can Sharing Centers benefit your staff? List those specific objectives in order of importance. Share with the group.

Identify essential Sharing Center elements. What will you have to do to prepare to start a Sharing Center?

Adapt the Sharing Center Needs Assessment to meet the needs of your program and program families. What changes do you have to make? Will you also need to adapt the Planning Sheet?

Identify potential sites to hold Sharing Centers. Whom will you need to contact to investigate those sites? From what you know of the sites, list them in order of most to least desirable. Write up a sample explanation or description of Sharing Centers to use when contacting sites.

Investigate with your administrator the legal implications of conducting program activities outside of your agency or at off hours at your agency. Develop a Release of Responsibility form for families to sign if appropriate.

After you have listed the potential sites, investigate them, and write a site contact report. List the positive and negative characteristics of each site. Determine a final site. What criteria did you use?

Discuss the various criteria for choosing participants for a Sharing Center: geographical location of families, transportation considerations, parenting styles and social skills, types and severity of the children's handicapping conditions. Which criteria are most suitable for your program?

Develop a New Family Orientation Information Sheet that a parent could use to involve new parents in the program. This could be similar to the original letter sent to parents (Form 1-1).

Develop a list of areas to childproof at the site that any parent could use independently.

Develop a Sharing Center Rules list which can be posted at each Center. Note any specific behavior management program for specific children.

Break down into small groups and develop a mock Sharing Center. Each person can contribute a family they work with or a pretend family. Lay out a floor plan, schedule transportation, decide on objectives to work toward, develop a schedule of activities, and evaluate. Present the plans to the entire group.

Though Sharing Centers are only open to program families and invited families, most programs provide for some type of community awareness activities. Brainstorm ways of publicizing Sharing Centers in your community. Stores or businesses might even donate consumables such as food for snacks, small date books, or discounts on toys at Christmas.

Ideas for Future Inservice Activities

Use Sharing Center videotapes, obtainable from the Outreach: Macomb 0-3 Rural Project office, which will enable you to see an actual Center in operation.

Develop activities and curricula using Have Wagon: Will Travel, also obtainable from the Macomb office.

Contact Macomb replication sites if you have questions about implementation. A list of sites is available from the Macomb office.

Develop a few Sharing Center kits that parents might use of their own with your help.

Read and contribute to the Sharing Center News, published in and distributed from the Macomb office.

Examples of Sharing Center Activities

Seeing:

1. Place crib near window so infant may observe sunshine and shadow patterns.
2. Place any type of mirror at child's eye level. Cardboard covered with foil provides fascinating effects.
3. Expand drawing experiences using paper and magic markers, shaving cream with food coloring added, or pudding.
4. Blow bubbles with food coloring added. Let them land on paper for an interesting effect.
5. Make egg carton or paper roll tube binoculars. Use colored tissue paper or cellophane to cover the openings.

Hearing:

1. Tie bells securely to booties.
2. Make a humming flute from a paper towel tube by covering the end with waxed paper and punching several holes in the tube.
3. Make tin can telephones. Use different types of cans, cups, and strings and notice the sound changes.
4. Stretch a rubber band over a piece of cardboard. Pluck the band while bending the cardboard; notice the pitch change.
5. Hide a musical toy or kitchen timer close by and allow child to locate it.
6. Play a "guess what" game by covering the child's eyes and making sounds for him to identify. Take turns--cover your eyes and let the child make sounds.

Touching:

1. Make a tactile or "touch" rug. Sew squares of a variety of textures to a throw rug; add squeeze toys and rattles around the edges.

2. Create a touch book or "feelie board." Glue different textures such as sandpaper, velvet, corrugated cardboard to the pages of a homemade book or styrofoam meat tray.

3. Plan an obstacle course. Set up an interesting route to follow using different textures, shapes, and sizes of equipment.

4. Try body painting, using powder, lotion, water, and various textures of brushes.

5. Fingerpaint with menthol shaving cream.

Tasting:

1. Experiment with tastes with your infant. Place small amounts of different food or drink in his mouth--sweet, sour, salty.

2. Fingerpaint with pudding. Provide plenty of room, clean hands, and different flavors of pudding.

3. Play the game, "What are you eating?" Have the child close his eyes while you place familiar food in his mouth.

4. Experiment with smell and taste association. Smell, then taste, foods with distinctive odors, like cantaloupe, onion, freshly baked cookies, peppermint.

Smelling:

1. Expose your infant to a variety of aromas by taking him to different parts of the house and outside.

2. Place a drop of cologne under the child's nose or wear a fragrance and see if he notices.

3. Paint with spices. Brush watered-down glue on paper, then sprinkle with powdered spices.

4. Fingerpaint with menthol shaving cream.

SHARING CENTER NEEDS ASSESSMENT
(Sample letter)

Date

Dear (Parents--include mother and father),

We are excited about starting a new program for you and your child. It's called a Sharing Center, and it's a kind of play group for adults and children. We are hoping it will be a time for fun and growth for all of us. We wanted to tell you about the program and ask for your ideas and your feelings about participating, and we need your help.

As you know, infants and young children learn about the world through play. In the Sharing Center program, parents, teachers, and therapists plan and do play activities for a group of our children and their families and invited guests. These activities will not only be fun, but will also help the children to learn and develop. The children will have the chance to play with and talk to peers, older children, and adults other than their parents. The adults will have a chance to make new friends, talk over the concerns and joys of parenthood, and learn about child development and other issues by such things as participating in parent learning centers, listening to speakers, and watching films. There will also be snacks for all during the Center, and from time to time we'll have field trips and celebrations in honor of birthdays, holidays, seasons, and special events.

We would like to get your feelings and ideas so that together we can plan a program with your needs in mind. Please fill out the attached page and return it to our office this week. If you would like to be on the planning committee, we will contact you. Thank you very much. We are looking forward to your involvement in the program!

(Be sure that your agency is clearly identified by letterhead or other mention.)

Form 1 - 2

Macomb 0-3 Rural Project

SHARING CENTER NEEDS ASSESSMENT

Please check those that you would answer "yes" to:

____ We would like to be a part of the Sharing Center Program.

____ We would like to help plan and get the program off the ground.

____ Other family members would like to come, too.

Names and ages _____

____ We need transportation to attend Sharing Centers.

____ We could drive another family to Sharing Centers.

____ We would like to help plan activities.

____ We could bring toys to share.

____ We can sometimes bring a snack or food to prepare a snack at the Center.

____ We could call and remind other parents.

____ We have hobbies, interests, and skills we are willing to share at a Center: (List) _____

_____

____ We could hold a Sharing Center in our home.

____ Some topics we'd like to discuss in parent study groups are:_____

_____

_____

Name _____

Address _____

Telephone _____

Return to: (agency name and address)

7/85

Date _____

SHARING CENTER PLANNING SHEET

Meeting location _____

Personnel present _____

_____

_____

Next meeting (Date, time, location) _____

_____

_____

Additional help can be obtained from (student teachers, volunteers, other professionals) _____

_____

Personnel responsible:

Tasks	Person Responsible	Date
Planning		
Contacting potential sites		
Organizing materials		
Transporting materials		
Setting up room		
Cleaning up room		

(continued)

Form 2 - 2

Macomb 0-3 Rural Project

Tasks	Person Responsible	Date
Arranging transportation		
Conducting new family orientation		
Phoning reminder to families		
Developing evaluation forms		
Operating audio/video equipment		
Taking pictures		
Observing, collecting data		
Contacting speaker		
Conducting parent study group		
Obtaining films or filmstrips		
Supervising children during study group or film		
Preparing or arranging for snack		
Developing community awareness		
Developing parent needs assessment		
Other		

Potential Sites

Site/Address Phone No.	Contact Person Phone No.	Contact/Date/Comments

Sharing Center site selected _____

Date approval given _____ Contact person _____

Projected Schedule:

Days	Dates	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special considerations for using facilities _____

_____

_____

_____

Form 2 - 4

Macomb 0-3 Rural Project

Parents Who Could:

Provide transportation	
Plan a new activity	Share toys
Bring snacks or food to prepare for a snack	Share hobbies, interests, and skills
Remind other parents	Have a Sharing Center in their home

Plans for community awareness. (Get permission from appropriate agency or school official.) Contact the following.

Newspaper _____

Contact person _____

Phone _____ Date _____

Radio station _____

Contact person _____

Phone _____ Date _____

_____ _____

Contact person _____

Phone _____ Date _____

_____ _____

Contact person _____

Phone _____ Date _____

Evaluation

Techniques to be used for evaluations. Check the ones you plan to use; indicate planned frequency of use.

	Frequency of use
_____ Sharing Center Evaluation Form	_____
_____ Informal questions, comments from parents	_____
_____ Short questionnaire	_____
Observation of:	
_____ Parent-Child Interaction	_____
_____ Child-Child Interaction	_____
_____ Videotapes	_____
_____ Audio tapes	_____
_____ _____	_____

7/85

Program Families

Name	Transportation	Child's Name	Age	Handicap	Siblings	Age	Comments

Families of Non-Handicapped Children

Family	Transportation	Children	Ages	Comments

OUTREACH: Macomb 0-3 Regional Project
27 HORRABIN HALL • WESTERN ILLINOIS UNIVERSITY
MACOMB, ILLINOIS 61455

Form 4 - 1

SHARING CENTER PLANNING WORKSHEET

Date:

CHILDREN

Location:

Children	Objectives	Facilitators	Evaluative Comments

OUTREACH: Macomb 0-3 Regional Project
27 HORRABIN HALL • WESTERN ILLINOIS UNIVERSITY
MACOMB, ILLINOIS 61455

FAMILIES

Families	*	Objectives	Facilitators	Evaluative Comments

Form 4 - 2

* Readiness level for individual parents

Form 5

AGENDA FOR FIRST SHARING CENTER

Time	Activities	Materials Needed

OUTREACH: Macomb 0-3 Regional Project
27 HORRABIN HALL • WESTERN ILLINOIS UNIVERSITY
MACOMB, ILLINOIS 61455

EVALUATION OF SHARING CENTER

Date _____ Schedule _____

Evaluator (Staff/parent) _____

1. List code number of each program child attending the Center and sibling, if applicable.

Program child ID number	Sibling/age	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List names of typical children. _____

_____

_____

3. List activities	ID Numbers of children participating					
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____
_____	____	____	____	____	____	____

Form 6 - 2

Evaluation of Sharing Center - 2 Macomb 0-3 Rural Project

4. Study group activity

   a. Discussion _____

   b. Media _____

   c. Question/answer _____

   d. Speaker _____

   e. Workshop/hands-on activity _____

   f. Other (specify) _____

   Comments:

5. What parents were involved in planning and conducting the Centers? In what ways did they help?

6. List evaluative comments made by children, family members, staff, friends, etc.

7. List overall ranking (if applicable)

8. Total expenses for Center. _____

9. Was anything donated to the Center?

Attach any invitations, agendas, printed material, publicity with this form and file. 7/85

MACOMB 0-3 RURAL PROJECT

PARENT EVALUATION OF SHARING CENTERS

Date ___/___/___

Interviewer _____

Parent's Name (optional) _____

INSTRUCTIONS: The interviewer should be an individual who is not directly engaged in providing services to children in the program being evaluated.

Read the questions and provide additional explanation or information as necessary, naming the possible responses. Record the response to each question, writing additional comments as indicated by the parent.

Form 7 - 2

Parent Evaluation of Sharing Centers Macomb 0-3 Rural Project

1. How long have you been involved in your child's present educational program? _____

2. How many Sharing Centers have you attended? _____

3. I have: (check what you have done)

3.1 ___ brought a snack or the food needed to prepare a snack at Centers
3.2 ___ shared a favorite toy with the group
3.3 ___ provided transportation for other program families
3.4 ___ called other parents to invite them to attend
3.5 ___ invited a friend and child
3.6 ___ told other people about the Centers
3.7 ___ helped plan activities for the Centers
3.8 ___ other (list) _____

_____

4. We have done these things at Sharing Centers:

4.1 ___ my child has watched and learned by playing with other children
4.2 ___ I have learned more about my child's development through seeing films and parent study groups
4.3 ___ my child and I have played and had fun together
4.4 ___ I have met and talked to therapists and other people who work with my child
4.5 ___ I have enjoyed meeting new people, adults and children
4.6 ___ my child practices skills that we have worked on in Sharing Centers when we are at home
4.7 ___ other (list) _____

_____

5. These people who care for my child have attended Sharing Centers with us:

5.1 ___ mother
5.2 ___ father
5.3 ___ brothers
5.4 ___ sisters
5.5 ___ grandparents
5.6 ___ other relatives
5.7 ___ babysitter, day care teacher
5.8 ___ others _____

_____

Parent Evaluation of Sharing Centers - 2 Macomb 0-3 Rural Project

6. If you have not come to a Sharing Center, for what reason(s) haven't you attended?

6.1 ___ didn't have time
6.2 ___ didn't have transportation
6.3 ___ didn't want to be in a parent group
6.4 ___ didn't think they would help my child
6.5 ___ no particular reason
6.6 ___ other (specify) _____

_____

7. Were the activities planned for the Sharing Center fun for you and your child?

7.1 ___ yes Comments _____

7.2 ___ no _____

8. Were the activities at your child's level of development?

8.1 ___ yes Comments _____

8.2 ___ no _____

9. What do you feel <u>your child</u> has gained from attending Sharing Centers?

_____

_____

10. What have <u>you</u> gained from attending Sharing Centers? _____

_____

_____

11. Overall, are you happy with the Sharing Center program?

11.1 ___ yes 11.2 ___ no

12. What ideas do you have for improving the Sharing Centers? _____

_____

_____

13. Do you think that the Centers provide an opportunity for your child to practice those skills that you and the CDS are working on with your child at home or at school?

13.1 ___ yes 13.2 ___ no

14. Do you think that the activities help your child's development?

14.1 ___ yes Comments _____

14.2 ___ no _____

15. Do you think that the activities will help your child in future educational programs?

15.1 ___ yes Comments _____

15.2 ___ no _____

16. What do you like best about Sharing Centers? _____

_____

_____

_____

17. What do you like least about Sharing Centers? _____

_____

_____ _____

_____

Thank you for taking the time to fill out this questionnaire. We will use the information in planning future Sharing Centers.

Sharing Center

Materials for Overhead Projection

Sharing Centers are...

places where parents and children come together to share experiences and ideas and join in activities for mutual growth. They are based on the concept of parent-cooperative play-groups.

For adults, Sharing Centers provide a time and place to:

-play with, interact with, and enjoy their child and others.

-observe and interact with other handicapped and non-handicapped children.

-meet other adults having similar needs and concerns, develop friendships, and give and receive support.

-learn about new activities and effective ways to parent their children, such as:

--child-proofing home and center.

--setting up home and center to promote quality play and active exploration and learning.

--making toys and play materials.

--stimulating and responding to language.

--developing skill in using child management techniques.

--accepting child at child's handicap or delay.

--learning more about different handicaps.

--developing skills in participating in, planning, and conducting Sharing Centers.

-learn about available services and local resources and learn ways to advocate for their child.

-develop self-confidence and self-esteem.

For children they are a place to:

-engage in play activities with parents, caregivers, siblings, other adults and children.

-practice targeted skills in a new situation using new materials:
  --gross motor
  --fine motor
  --cognitive
  --communication
  --social
  --self-care.

-develop physical and social knowledge about the world around them

-develop a sense of self-esteem, autonomy, trust.

-have some fun!

For programs they provide:

-a least restrictive environment for families as well as for children.

-an effective transitional program into center-based programs.

-a way to provide alternative services.
  --by monitoring children.
  --less intensive program than home based.

-an opportunity for support staff to work with children in a less structured (clinical) setting...
  --to work with several children at a time.
  --to interact more with families.
  --to observe children use skills in another environment.

-a vehicle for community awareness and support.

-an effective use of community resources.

-a way to reduce isolation felt by rural families, especially those families having a handicapped child.

-a means of developing family-to-family support.

- a change of pace for staff, enabling them to do something different.

-new ways for parents to be involved in the program..
  --planning and conducting activities.
  --sharing interests and hobbies.
  --orienting new families.
  --making phone reminders and mailing invitations.
  --providing transportation.
  --bringing materials or snacks.
  --sharing ideas, making comments and suggestions.
  --having centers in their home.
  --planning and conducting centers with little or no assistance from the professionals.

-an opportunity for administrative personnel to be involved in the program.

Sharing Centers:

-are scheduled monthly or bi-monthly for at least a two hour time block.

-include 8-10 families (more or less).

-have a fairly stable membership; groups are developed based on geographical location, ages or handicaps of children.

-are located in a community center or agency building.

-provide transportation.

-include individual or dyadic play activities, large group activities, play centers, nutritional snacks, and parent education.

-are evaluated periodically by staff and familiy.